

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

5624

15355

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis (No.)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 4580
St. Ward.....

2. FULL NAME

Daniel W. Owens
(a) Residence. No. 3674 Finney St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Madeline Eichel Owens

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 18 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>52</u>	<u>2</u>	<u>8</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Printer
(b) General nature of industry, business, or establishment in which employed (or employer) Setting type
(c) Name of employer Globe Printer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) San Francisco
California

10. NAME OF FATHER Daniel Owens

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Mary Murphy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT (Address) Madeline Eichel Owens
3674 Finney

15. FILED PR 27 1928 Wm. C. Starling REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 27 1927, to Apr 10 1928, that I last saw him alive on Apr 20 1928, and that death occurred, on the date stated above, at 2 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial infarction
1244
29.0 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Corrosion of liver
non alcoholic (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 222 B
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Otto S. Salander, M. D.
Apr 26, 1928 (Address) 4906 Washington Blvd.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cemetery DATE OF BURIAL April 28 1928

20. UNDERTAKER Mrs. J. ... ADDRESS 928 N. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

